

**FEC
FORM 3X****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

1. NAME OF
COMMITTEE (in full)

TYPE OR PRINT ▼

Example: If typing, type
over the lines.

12FE4M5

USA PAC

ADDRESS (number and street)

259 East Michigan Avenue

☐ Check if different
than previously
reported. (ACC)

Kalamazoo

MI

49007

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00523910

3. IS THIS
REPORT☒NEW
(N)

OR

☐AMENDED
(A)

4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

☐ April 15
Quarterly Report (Q1)☐ July 15
Quarterly Report (Q2)☐ October 15
Quarterly Report (Q3)☐ January 31
Year-End Report (YE)☐ July 31 Mid-Year
Report (Non-election
Year Only) (MY)☐ Termination Report
(TER)(b) Monthly
Report
Due On:☐ Feb 20 (M2)☐ May 20 (M5)☒ Aug 20 (M8)☐ Nov 20 (M11)
(Non-Election
Year Only)☐ Mar 20 (M3)☐ Jun 20 (M6)☐ Sep 20 (M9)☐ Dec 20 (M12)
(Non-Election
Year Only)☐ Apr 20 (M4)☐ Jul 20 (M7)☐ Oct 20 (M10)☐ Jan 31 (YE)

(c) 12-Day

PRE-Election

Report for the:

☐ Primary (12P)☐ Convention (12C)☐ General (12G)☐ Special (12S)☐ Runoff (12R)

Election on

M M M /

D D D /

Y Y Y Y Y Y Y Y

in the
State of

(d) 30-Day

POST-Election

Report for the:

☐ General (30G)☐ Runoff (30R)☐ Special (30S)

Election on

M M M /

D D D /

Y Y Y Y Y Y Y Y

in the
State of

5. Covering Period

M M M /

D D D /

Y Y Y Y Y Y Y Y

through

M M M /

D D D /

Y Y Y Y Y Y Y Y

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Jonathan Martin

Signature of Treasurer

Jonathan Martin

[Electronically Filed]

Date

M M M /

D D D /

Y Y Y Y Y Y Y Y

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office
Use
Only**FEC FORM 3X**
Rev. 12/2004

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

USA PAC

Report Covering the Period:

From:

 M M / D D / Y Y Y Y Y
 07 / 01 / 2012

To:

 M M / D D / Y Y Y Y Y
 07 / 31 / 2012

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, 2012		0.00
(b) Cash on Hand at Beginning of Reporting Period.....	64963.00	
(c) Total Receipts (from Line 19)	101000.00	181000.00
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	165963.00	181000.00
7. Total Disbursements (from Line 31)	165635.50	180672.50
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	327.50	327.50
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	



This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

USA PAC

Report Covering the Period:

From:

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	01	/	2012

To:

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	31	/	2012

I. Receipts
COLUMN A
Total This Period

COLUMN B
Calendar Year-to-Date

11. Contributions (other than loans) From:

(a) Individuals/Persons Other

Than Political Committees

(i) Itemized (use Schedule A).....

51000.00

51000.00

(ii) Unitemized

0.00

0.00

(iii) TOTAL (add

Lines 11(a)(i) and (ii)..... ▶

51000.00

51000.00

(b) Political Party Committees

0.00

0.00

(c) Other Political Committees

(such as PACs).....

50000.00

130000.00

(d) Total Contributions (add Lines

11(a)(iii), (b), and (c)) (Carry

Totals to Line 33, page 5) ▶

101000.00

181000.00

12. Transfers From Affiliated/Other

Party Committees.....

0.00

0.00

13. All Loans Received

0.00

0.00

14. Loan Repayments Received.....

0.00

0.00

15. Offsets To Operating Expenditures

(Refunds, Rebates, etc.)

(Carry Totals to Line 37, page 5).....

0.00

0.00

16. Refunds of Contributions Made

to Federal Candidates and Other

Political Committees.....

0.00

0.00

17. Other Federal Receipts

(Dividends, Interest, etc.).....

0.00

0.00

18. Transfers from Non-Federal and Levin Funds

(a) Non-Federal Account

(from Schedule H3).....

0.00

0.00

(b) Levin Funds (from Schedule H5)

0.00

0.00

(c) Total Transfers (add 18(a) and 18(b))..

0.00

0.00

19. Total Receipts (add Lines 11(d),
12, 13, 14, 15, 16, 17, and 18(c))..... ▶

101000.00

181000.00

20. Total Federal Receipts

(subtract Line 18(c) from Line 19) ▶

101000.00

181000.00

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	38335.50	53372.50
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	38335.50	53372.50
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00
24. Independent Expenditures (use Schedule E)	127300.00	127300.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements	0.00	0.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	165635.50	180672.50
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	165635.50	180672.50

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	101000.00	181000.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	101000.00	181000.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ►	38335.50	53372.50
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) ►	38335.50	53372.50

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 6 OF 13

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

USA PAC

Full Name (Last, First, Middle Initial)

A. Andy Miller Jr.

Mailing Address 30 Burton Hills Blvd.
Ste. 325

City State Zip Code
Nashville TN 37215

FEC ID number of contributing
federal political committee.

C

Name of Employer
Healthmark Partners

Occupation
Chairman

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

26000.00

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 11 / 2012

Transaction ID : SA11AI.4122

Amount of Each Receipt this Period

26000.00

Individual contribution

Full Name (Last, First, Middle Initial)

B. Andy Miller Jr.

Mailing Address 30 Burton Hills Blvd.
Ste. 325

City State Zip Code
Nashville TN 37215

FEC ID number of contributing
federal political committee.

C

Name of Employer
Healthmark Partners

Occupation
Chairman

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

51000.00

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 18 / 2012

Transaction ID : SA11AI.4124

Amount of Each Receipt this Period

25000.00

Individual contribution

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

51000.00

51000.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 7 OF 13

(check only one)

☐ 11a ☐ 11b ☒ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

USA PAC

Full Name (Last, First, Middle Initial)

A. CAMPAIGN FOR PRIMARY ACCOUNTABILITY INC

Mailing Address 3900 ESSEX LANE SUITE 250

City State Zip Code
 HOUSTON TX 77027

FEC ID number of contributing
federal political committee.

C C00502849

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

130000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 07 09 2012

Transaction ID : SA11C.4121

Amount of Each Receipt this Period

50000.00

Contribution

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City State Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional)..... ►

50000.00

TOTAL This Period (last page this line number only)..... ►

50000.00

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 8 OF 13

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

USA PAC

Full Name (Last, First, Middle Initial)

A. ASAP, LLC

Mailing Address 259 E Michigan Ave.

City	State	Zip Code
Kalamazoo	MI	49007

Purpose of Disbursement
Research & polling

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For: 2012

☒ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
07		11		2012

Transaction ID : SB21B.4128

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

B. ASAP, LLC

Mailing Address 259 E Michigan Ave.

City	State	Zip Code
Kalamazoo	MI	49007

Purpose of Disbursement
Research & polling

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For: 2012

☒ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
07		20		2012

Transaction ID : SB21B.4139

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

C. Bank of America

Mailing Address P.O. Box 25118

City	State	Zip Code
Tampa	FL	33622

Purpose of Disbursement
Bank fee

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For: 2012

☒ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
07		13		2012

Transaction ID : SB21B.4135

Amount of Each Disbursement this Period

25.00

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

10025.00

--

<input checked="" type="checkbox"/>	21b	<input type="checkbox"/>	22	<input type="checkbox"/>	23	<input type="checkbox"/>	24	<input type="checkbox"/>	25	<input type="checkbox"/>	26
<input type="checkbox"/>	27	<input type="checkbox"/>	28a	<input type="checkbox"/>	28b	<input type="checkbox"/>	28c	<input type="checkbox"/>	29	<input type="checkbox"/>	30b

USA PAC

A. Bank of America

Date of Disbursement

Transaction ID : SB21B.4136

00:

Category/
Type

Disbursement For: 2012

☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Amount of Each Disbursement this Period

12.00

B. Bank of America

Date of Disbursement

MM / DD / YYYY

Transaction ID : SB21B.4140

00

Category/
Type

Disbursement For: 2012

☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Amount of Each Disbursement this Period

25.00

C. Bank of America

Date of Disbursement

Transaction ID : SB21B.4141

00-

Category/
Type

Disbursement For: 2012

☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Amount of Each Disbursement this Period

25.00

SUBTOTAL of Disbursements This Page (optional).....

Age Group	Percentage
18-24	10
25-34	15
35-44	20
45-54	25
55-64	30
65-74	35
75-84	40
85+	62.00

TOTAL This Period (last page this line number only).....

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 10 OF 13

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

USA PAC

Full Name (Last, First, Middle Initial)

A. Bank of America

Mailing Address P.O. Box 25118

City	State	Zip Code
Tampa	FL	33622

Purpose of Disbursement
Bank fee

Candidate Name

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State:	District:

Disbursement For: 2012
☒ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		30		2012

Transaction ID : SB21B.4148

Amount of Each Disbursement this Period

25.00

Full Name (Last, First, Middle Initial)

B. Ceterus, Inc.

Mailing Address 259 E. Michigan Ave.

City	State	Zip Code
Kalamazoo	MI	49007

Purpose of Disbursement
Accounting fees

Candidate Name

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State:	District:

Disbursement For: 2012
☒ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		23		2012

Transaction ID : SB21B.4142

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. CMF Communications

Mailing Address 815 Promenade Way, #203

City	State	Zip Code
Jupiter	FL	33458-3040

Purpose of Disbursement
Communication consulting and advertising expenses - not pertaining to any independent expenditure
Candidate Name

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State:	District:

Disbursement For: 2012
☒ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		20		2012

Transaction ID : SB21B.4137

Amount of Each Disbursement this Period

20000.00

SUBTOTAL of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

21025.00

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<input checked="" type="checkbox"/>	21b	<input type="checkbox"/>	22	<input type="checkbox"/>	23	<input type="checkbox"/>	24	<input type="checkbox"/>	25	<input type="checkbox"/>	26
<input type="checkbox"/>	27	<input type="checkbox"/>	28a	<input type="checkbox"/>	28b	<input type="checkbox"/>	28c	<input type="checkbox"/>	29	<input type="checkbox"/>	30b

USA PAC

A. CMF Communications

Date of Disbursement

Transaction ID : SB21B.4147

001

Category/
Type

Disbursement For: 2012

☒ Primary ☐ General

☐ Other (specify) ▼

Amount of Each Disbursement this Period

6000.00

B. LeClairRyan

Date of Disbursement

07 / 27 / 2012

Transaction ID : SB21B.4145

001

Category/
Type

Disbursement For: 2012

☒ Primary ☐ General

☐ Other (specify) ▼

Amount of Each Disbursement this Period

Grade	Number of Students
1st	100
2nd	150
3rd	200
4th	250
5th	300
6th	350

C. Jonathan Martin

Date of Disbursement

Transaction ID : SB21B.4144

001

Category/
Type

Disbursement For: 2012

☒ Primary ☐ General

☐ Other (specify) ▼

Amount of Each Disbursement this Period

500.00

7062.50

38174.50

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 12 OF 13
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) USA PAC	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px;"> C C00523910 </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee Lewis Advertising		Date <div style="border: 1px solid black; padding: 2px;"> M M / D D / Y Y Y Y Y Y 07 / 11 / 2012 </div>	
Mailing Address P.O. Box 544		Amount <div style="border: 1px solid black; padding: 2px;"> 50000.00 </div>	
City Wetumpka	State AL		
Purpose of Expenditure Radio and television advertisement	Category/ Type <div style="border: 1px solid black; padding: 2px;">004</div>	Office Sought: <input checked="" type="checkbox"/> House State: TN <input type="checkbox"/> Senate District: 06 <input type="checkbox"/> President	
Name of Federal Candidate Supported or Opposed by Expenditure: DIANE L MRS. BLACK		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px;"> 50000.00 </div>		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify)	

Transaction ID : SE.4112

Full Name (Last, First, Middle Initial) of Payee Lewis Advertising		Date <div style="border: 1px solid black; padding: 2px;"> M M / D D / Y Y Y Y Y Y 07 / 18 / 2012 </div>	
Mailing Address P.O. Box 544		Amount <div style="border: 1px solid black; padding: 2px;"> 45000.00 </div>	
City Wetumpka	State AL		
Purpose of Expenditure Television advertisement	Category/ Type <div style="border: 1px solid black; padding: 2px;">004</div>	Office Sought: <input checked="" type="checkbox"/> House State: TN <input type="checkbox"/> Senate District: 06 <input type="checkbox"/> President	
Name of Federal Candidate Supported or Opposed by Expenditure: DIANE L MRS. BLACK		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px;"> 127300.00 </div>		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify)	

Transaction ID : SE.4100

(a) SUBTOTAL of Itemized Independent Expenditures.....	<div style="border: 1px solid black; padding: 2px;"> 95000.00 </div>
(b) SUBTOTAL of Unitemized Independent Expenditures	<div style="border: 1px solid black; padding: 2px;"> </div>
(c) TOTAL Independent Expenditures.....	<div style="border: 1px solid black; padding: 2px;"> </div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Jonathan Martin

Signature

[Electronically Filed]

Date

M M / D D / Y Y Y Y Y Y
 08 / 16 / 2012

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 13 OF 13
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) USA PAC	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px;"> C C00523910 </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M / D D / Y Y Y Y Y Y	

Full Name (Last, First, Middle Initial) of Payee Message & Media		Date <div style="border: 1px solid black; padding: 2px;"> M M / D D / Y Y Y Y Y Y 07 / 11 / 2012 </div>
Mailing Address 3101 Lee Hwy. Ste 18 #136		Amount <div style="border: 1px solid black; padding: 2px;"> 8300.00 </div>
City Bristol State VA Zip Code 24202		
Purpose of Expenditure Radio production costs	Category/Type 004	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TN District: 06
Name of Federal Candidate Supported or Opposed by Expenditure: DIANE L MRS. BLACK		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 58300.00		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶

Transaction ID : SE.4115

Full Name (Last, First, Middle Initial) of Payee Pete James		Date <div style="border: 1px solid black; padding: 2px;"> M M / D D / Y Y Y Y Y Y 07 / 12 / 2012 </div>
Mailing Address 500 Washington St. N		Amount <div style="border: 1px solid black; padding: 2px;"> 24000.00 </div>
City Tullahoma State TN Zip Code 37388		
Purpose of Expenditure Television advertisement	Category/Type 004	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TN District: 06
Name of Federal Candidate Supported or Opposed by Expenditure: DIANE L MRS. BLACK		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 82300.00		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶

Transaction ID : SE.4163

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	<div style="border: 1px solid black; padding: 2px;"> 32300.00 </div>
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	<div style="border: 1px solid black; padding: 2px;"> </div>
(c) TOTAL Independent Expenditures.....▶	<div style="border: 1px solid black; padding: 2px;"> 127300.00 </div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Jonathan Martin

Signature

[Electronically Filed]

Date

M M / D D / Y Y Y Y Y Y
 08 / 16 / 2012